

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**09-367797**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		1		1		
5		1		1		
6		1		1		
7		①		1		
8		①		1		
9		①		1		
10		1		1		
11		2		1		
12		2		1		
13		1		1		
14		1		1		
15	1		1			
16		1		1		
17		2		1		
18		1		1		
19		1		1		
20		①		1		
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22		①		1		
23		1		1		
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41						
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49						
50						
TOTAL IND.		3		3		
TOTAL DEP.		37		37		
TOTAL CLAIMS		40		40		

	°		°		°	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY